

## City of West Peoria

2506 West Rohmann Avenue West Peoria, Illinois 61604-5031 Telephone: 309/674-1993

Fax: 309/674-6010

## FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR INFORMATION

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of this FOIA request. Date of Request: Request Submitted By: Email U.S. Mail Fax In Person Name of Requester: \_\_\_\_\_ Cell No.:\_\_\_\_ Street Address: County/City/State/Zip (required): \_\_\_\_\_ Email: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Records Requested: Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary. Would you like to receive: Electronic Copies or Paper Copies Is this request for a Commercial Purpose? YES NO (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)) Are you requesting a fee waiver? YES \( \subseteq \text{NO} \subseteq (If you are questing that the public body waive any fees for copying the documents, you must attach a statement of the purpose for the request, and whether the principal purpose of the request is to access or disseminate

information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).